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Connecticut Chapter

Connecticut Children's MEDICAL CENTER
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Testimony by Steven C. Rogers, MD, member of the American Academy of Pediatrics and Pediatric Emergency Medicine/Injury Prevention Researcher at Connecticut Children's Medical Center, presented to the Transportation Committee regarding HB 5033 on February 17, 2010.

My name is Steven Rogers, I am a pediatric emergency medicine doctor and research scientist at Connecticut Children's Medical Center. I am here today representing the Connecticut Chapter of the American Academy of Pediatrics and will discuss proposed **House Bill 5033** regarding *School Bus Safety and Seat Belts.*

Motor vehicle related crashes are the leading cause of death for children in Connecticut. As a pediatric emergency medicine doctor I care for the children and support the families affected by these devastating crashes. As a research scientist I work with a team of professionals to identify and prevent these types of injuries. The recent tragic bus crash has motivated my colleagues and I to investigate and summarize the available literature regarding school bus safety. We found:

- Traveling by school bus is the safest form of transportation in the United States.
- There are 440,000 public school buses that travel approximately 5 billion miles each year. Each day school buses carry around 20 million students to school and school-related events.
- In 2001, 8 children were killed and over 4,000 were injured in school bus-related crashes. In comparison, 1,579 children were killed and 228,000 were injured in **motor vehicle crashes.**
- According to NHTSA(National Highway Traffic Safety Administration), it is 8 times safer to ride in a school bus than a motor vehicle.
- The majority (about two-thirds) of school bus-related fatalities happen outside the bus.

School buses are safe for many reasons including:

- They are big, heavy and bright yellow.
- They usually travel at the same times and on the same roads every day.
- Travel at slower speeds.
- Occupant protection on school buses is provided by something called, "compartmentalization"; this creates a protective envelope by closely-spaced, well-anchored seats that have energy-absorbing high seat backs that protect occupants in the event of a crash.

The American Academy of Pediatrics recommends that "all children travel in age appropriate, properly secured child-restraint systems when transported in all motor vehicles, including school buses, to ensure the safest ride possible." The AAP further recommends that "all newly manufactured school buses be equipped with lap/shoulder restraint systems that can also accommodate car safety seats, booster seats, and harness systems." The AAP also suggests that, "School districts must ensure the appropriate education of administrators, students, teachers, drivers, and parents in the use of occupant-protection devices."

My colleagues and I agree that all children should be transported in the safest way possible and improving school bus safety is important, but unfortunately this can be difficult to translate into reality. To ensure that legislation truly improves safety we will need to have a well prescribed and detailed plan. Several states have passed school bus seat belt legislation but these are concerning as not all require lap/shoulder belts, some have not gone into effect due to insufficient funding and some defer to school boards about whether the students even need to **use the seat belts**.

Regarding the proposed **House Bill 5033**, my colleagues and I have noted the following key points:

- If seat belts are required on school buses, they will in fact need to be lap/shoulder belts (as currently stated in the proposed bill) and not just lap belts which can cause serious injuries.
- If a law is passed mandating seat belts on school buses, **use of the belts should be mandatory and steps need to be taken to ensure that in practice they are used properly**. NHTSA research indicates that misuse of lap/shoulder belts, such as the child putting the shoulder portion behind the body, could result in serious neck and/or abdominal injuries but if used 100% correctly, lap/shoulder belts would save 1 life each year nationwide.

We also have other concerns that are not addressed in this bill and are not described in previous studies or reports. Before moving forward, questions that need to be acknowledged include:

- Would just having seatbelts on the school bus save lives? Are they more of a danger if they are not used appropriately? This is not clear.
- How will the seat belts be adjusted so that they fit the 5-year-old kindergartner as well as the 17-year-old high school senior?
- Should we require booster seats with the seat belts for kids under 7 years old and 60 pounds? (maintaining compliance with CT's car seat law).
- If only 2 seat belts can be installed per seat, will this decrease traditional school bus use and increase potentially less safe modes of transportation (i.e. Student Transport Vehicles) for the displaced students?
- Should school bus safety improvements include efforts to identify safe bus routes minimizing high risk travel such as highways and high speed, high volume roads with known high accident rates?
- Should students have designated "safer" buses for long distance/higher risk travel such as distant sporting events and field trips?

In summary, school bus seat belts installed and used correctly by ALL occupants will improve the safety of our children but this will require a well planned effort. We realize that resources may be limited and it is unclear from our assessment if putting seatbelts in school buses will have more of an impact than other safety initiatives such as improving booster seat laws or limiting driving distractions.